



PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<p>Promotion of a culture of patient engagement, ensuring patients who want to, are aware of how to provide feedback or complaints.</p>	<ul style="list-style-type: none"> Review current materials on feedback and complaints. Print and distribute additional posters in public areas on Feedback and Complaints. Heighten staff awareness on encouraging patients to provide feedback. Encourage frontline staff to host a record of positive and locally resolved feedback. Include details for stakeholders to provide feedback in Hospital Laboratory Primary Sample Manual which is also distributed to all GPs. Management to advise all staff to complete HSeLanD module on 'HSE Effective Complaints handling'. Seek support from TippUH Patient Representative Service Users Forum to promote a culture of patient engagement, and assist with distribution of information on how to provide feedback or complaint. Continue current process of distribution of information regarding how patients can provide feedback within 'TippUH Patient and Visitor Information Booklet'. 	<ul style="list-style-type: none"> Improve awareness for patients and family members on how to provide feedback and make a complaint. Better understanding of how patient feedback is used to improve patient experience. Improve timeliness of communications with patients regarding issues identified. Greater involvement of all stakeholders in promotion of culture of patient engagement. Increase in cohort of patients' age 16- 65 who scored less than 58% in knowing how and where to give feedback or make a complaint in TippUH. 	<p>Q4 2024</p>



PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<p>Patients with a disability or long-term condition.</p> <ul style="list-style-type: none"> Did a member of staff tell you about any danger signals you should watch for after you went home? Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital? 	<ul style="list-style-type: none"> Ensure advocate present with patient that has a difficulty or disability when receiving information from Doctors e.g. Patient Advocacy Liaison Service, chosen family member or Nurse in line with Comment from Survey 'I think a nurse that's on duty should attend with the doctor when a conversation takes place'. Increase number of available loop hearing devices to have for those patients with deafness or serious hearing impairment particularly during consults with Healthcare Professionals. Educate and train hospital Quality manager and Patient Advocacy Liaison Officer in 'Let's be Literacy friendly in Tipperary'. Include local Regional Literacy Coordinator with Education & Training Board in Tipperary University Hospital Inclusion Working Group and present at Hospital Patient Representative Service Users Forum. Host Forum for staff to be aware of adult literacy issues and support trainings available. Promote availability of supports that can be provided by Hospital Patient Advocacy Liaison Service. 	<ul style="list-style-type: none"> Patient's awareness and understanding of information discussed at patient and doctor encounters, to include explanation of investigations and advice regarding medical condition including dangers to look out for. Patients with deafness or serious hearing impairment supported during consults with Healthcare Professionals and able to understand and ask questions regarding their condition and treatment. Patients involvement with decisions about their care and discharge. Awareness of staff of supports available relating to identification of those with literacy difficulties and health literacy issues. Ability of network within hospital to signpost staff to supports available for those with literacy difficulties and health literacy issues. Patients and staff aware of Hospital Patient Advocacy Liaison Services provision. 	<p>Q4 2024 – Q1 2025</p>



OTHER

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<p>Patients that identified their main reason for stay in hospital related to Neurological condition including Stroke.</p>	<ul style="list-style-type: none"> • All Acute Stroke Unit (ASU) Staff led by CNM and CNS in Stroke assisting with ongoing provision of information for the Patient and family regarding their diagnosis and condition. • Acute Stroke Unit (ASU) staff with support from Pharmacist checking patient medications and explaining reasoning for same, risks and side effects from same- this includes contraindications e.g. trauma whilst on specific medications Direct oral anticoagulants (DOAC). • One-to-one conversations held between each patient and Stroke Clinical Nurse Specialist. • Additional education, training and briefing updates will be provided by Stroke CNS on an ongoing basis. • Referral to 'Headway' for psychological support for each patient, this includes onsite visit if available and/or subsequent contact on discharge. • Signposting for all patients and their family to supports provided and available from 'Acquired Brain Injury Ireland'. • Provision of information and supportive referral documentation by Health & Social Care Professionals Speech and Language Therapists (SLT) including Dysphagia Packs, swallow care plans, information, recovery diets, (Aphasia as relevant). • Additional communication piece for patient, family and staff being hosted by SLT and Dieticians. • Support, empower and help stroke survivors to find their voice again sometimes after it has been lost to the effects of stroke at a community level within 'South Tipperary Stroke Communication Group'. 	<ul style="list-style-type: none"> • Patients will be able to have a greater understanding of their diagnosis. • Patients and family members will be feel confident that they could discuss their worries and fears with any member of the Multidisciplinary team. • Additional information will be provided in multiple formats as relevant to their condition and medications, inclusive of Dysphagia pack, swallow care plan, relevant diet. (Aphasia as relevant). • Communication with patient and family members to ensure "make every moment count". • Psychological support for patients as provided in house or on discharge by 'Headway'. • Patients will be signposted to available supports from 'Acquired Brain Injury Ireland'. • Increased patient and family member's awareness of medications and risks and complications of same. E.g. avoid swimming, risk of falls. • Support Stroke survivors and foster s community that champions resilience, recovery and renewed hope via 'South Tipperary Stroke Communication Group'. 	<p>Q4 2024 – Q2 2025</p>